

Lobbyist Financial Report for Use by
Communicator Registered for Governmental
Agency (2005/2006)
Pursuant to Chapter 10, Part II
General Statutes
ETH-2C
(Revised 1/06)

STATE OF
CONNECTICUT
OFFICE OF
STATE ETHICS
18-20 Trinity Street, Suite 205
Hartford, CT 06106-1660
Tel: (860) 566-4472

IMPORTANT! Failure to file an accurate required report on time subjects the registrant to possible penalties of up to \$10,000 for each delinquent report.

COMMUNICATOR

Name of Individual or Member
of Business Organization:

Business Address:

City:

State:

Zip:

Name of Municipal/State/Quasi-Public Agency Represented:

Year Form Completed For:

PERIOD FILED FOR:

| TYPE | QUARTER | | | MONTH | | | | | |
|----------------|------------------------------|------------------------------|----------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| Administrative | 1st <input type="radio"/> | 2nd <input type="radio"/> | 3rd-4th <input type="radio"/> | | | | | | |
| Legislative | 1st <input type="radio"/> | 2nd <input type="radio"/> | 3rd-4th <input type="radio"/> | Jan <input type="radio"/> | Feb <input type="radio"/> | Mar <input type="radio"/> | Apr <input type="radio"/> | May <input type="radio"/> | June <input type="radio"/> |
| | | | | Jul <input type="radio"/> | Aug <input type="radio"/> | Sep <input type="radio"/> | Oct <input type="radio"/> | Nov <input type="radio"/> | Dec <input type="radio"/> |

Contact person:

Telephone:

Ext:

E-mail address:

TERMS OF COMPENSATION

Please note: Changes in terms of compensation by a communicator lobbyist MUST be filed as an amendment to the registration.

LEGISLATIVE COMPENSATION, REIMBURSEMENT & SALES TAX

[illegible]

TOTAL:

ADMINISTRATIVE COMPENSATION, REIMBURSEMENT & SALES TAX

| Date Paid | Fee or Retainer | Sales Tax | Expense Reimbursement |
|-----------|-----------------|-----------|-----------------------|
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TOTAL:

**EXPENDITURES PER PERSON PER OCCASION FOR BENEFIT OF PUBLIC OFFICIAL IN
LEGISLATIVE BRANCH OR EXECUTIVE BRANCH OR FOR MEMBERS OF OFFICIAL'S STAFF OR
IMMEDIATE FAMILY**

**To determine what expenditures must be itemized and what benefits are permissible, consult the 2005/2006
Communicator Lobbyist Information Guide.**

Include:

- a. All reportable expenditures for benefit of Public Official, etc., in furtherance of lobbying.
- b. All other reportable expenditures for benefit of Public Official, etc., unrelated to lobbying (e.g., salesperson paying for commissioner's lunch).

Circumstance of transaction:

Check if Unrelated to Lobbying ☐

Check if Related to Lobbying ☐

**CHECK APPROPRIATE BOXES
BELOW:**

| Legislative Reception | Other Food & Drink | Necessary Expense/Gift to State | Charitable/ Civic Event | Plaque/Award | Gift/Major Life Event |
|--------------------------|--------------------------|---------------------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date:

Location:

Lobbyist in attendance:

Detailed description:

Check if shared with other lobbyists: ☐

List names of all other lobbyist donors and percent paid by each:

Reportable Beneficiary

Name:

Title:

Agency:

ENTER DOLLAR AMOUNTS AS APPLICABLE (BELOW)

Food & Drink:

Plaque/Award:

Gift/Major Life Event:

Waived Fee:

Transportation Cost:

Lodging Cost:

Circumstance of transaction:Check if Unrelated to Lobbying ☐Check if Related to Lobbying ☐**CHECK APPROPRIATE BOXES
BELOW:**

| Legislative Reception | Other Food & Drink | Necessary Expense/Gift to State | Charitable/ Civic Event | Plaque/Award | Gift/Major Life Event |
|--------------------------|--------------------------|---------------------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date: Location: Lobbyist in attendance: Detailed description: Check if shared with other lobbyists: ☐

List names of all other lobbyist donors and percent paid by each:

Reportable BeneficiaryName: Title: Agency: **ENTER DOLLAR AMOUNTS AS APPLICABLE (BELOW)**Food & Drink: Plaque/Award: Gift/Major Life Event: Waived Fee: Transportation Cost: Lodging Cost: **AUTHORIZED BUSINESS ORGANIZATION MEMBER**

I do hereby certify under penalty of false statement that I make this report in accordance with the requirements of Chapter 10, Part II, General Statutes, and that this is a complete and accurate itemized statement which contains all the information required by said Part for the period shown.

Signature of Authorized Individual
Communicator Lobbyist or Member of
of Business Organization: